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O I P E S C 14

JAN 20 2004

FEE TRANSMITTAL
for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$ 330.00)		Application Number	10/005,862-Conf. #2036
		Filing Date	November 8, 2001
		First Named Inventor	Mark L. Ernest
		Examiner Name	D. B. Van
		Art Unit	2161
		Attorney Docket No.	20136-00328-US

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)	
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other <input type="checkbox"/> None
<input checked="" type="checkbox"/> Deposit Account:		3. ADDITIONAL FEES	

Deposit Account Number	09-0458	Large Entity	Small Entity
Deposit Account Name	IBM Corporation (Fishkill)	Fee Code	Fee (\$)
The Director is authorized to: (check all that apply)		Fee Description	

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input checked="" type="checkbox"/> Credit any overpayments	Fee Paid
<input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s)		
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		

FEE CALCULATION		3. ADDITIONAL FEES	
1. BASIC FILING FEE		Large Entity	Small Entity
Large Entity	Small Entity	Fee Code	Fee (\$)
Fee	Fee	Fee	Fee

Code (\$)	Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE		3. ADDITIONAL FEES	
Total Claims	... =	Large Entity	Small Entity
Independent Claims	... =	Fee Code	Fee (\$)
Multiple Dependent		Fee Description	Fee Paid

Total Claims	... =	Extra Fee from Claims below	Fee Paid
Independent Claims	... =		
Multiple Dependent			

Large Entity	Small Entity	Fee Description	Fee Paid
Fee	Fee	Fee	Fee

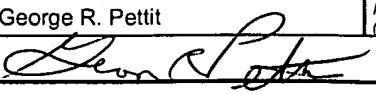
Code (\$)	Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 86	2201 43	Independent claims in excess of 3	
1203 290	2203 145	Multiple dependent claim, if not paid	
1204 86	2204 43	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 0.00)

** or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 330.00)

SUBMITTED BY (Complete if applicable)

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Signature					Date	January 20, 2004

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